

ATTACHMENT 4 - Application to Proceed In Forma Pauperis

United States District Court
for the Western District of Texas
_____Austin_____Division

FILED

2007 DEC -3 PM 3: 01

CLERK US DISTRICT COURT
WESTERN DISTRICT OF TEXASBY VR
DEPUTYKaral Genette Fields

(Name of plaintiff or plaintiffs)

A07CA 980LY

Civil Action Number:

V
John E. Potter, Postmaster General
United States Postal Service(SW Area)
Bernice Ojeda, SDO
Tai Do, MDO : Customer Service Manager
James Wesley, DRT & Regina Baldezo, MDO

(Case Number to be supplied
by the Intake Clerk)

(Name of defendant or defendants)

APPLICATION TO PROCEED IN FORMA PAUPERIS

I, Karal Genette Fields, declare that I am the Plaintiff in the above-entitled proceeding; that, in support of my request to proceed without being required to prepay fees, costs or give security therefor, I state that because of my poverty, I am unable to pay the costs of said proceeding or give security therefor; that I believe I am entitled to relief. The nature of my action is briefly stated as follows:

I cannot afford an attorney. I need assistance with
defense on Statutes in trying to the defendants. I
filed complaints with the EEOC and the Union, and called
every source necessary. I was totally violated and
wrongfully terminated with disability restrictions.

In further support of this application, I answer the following questions.

1. Are you presently employed? ☒ Yes ☐ No

a. If the answer is "yes," state the amount of your salary or wages per month, and give the name and address of your employer:

Employer: _____
Salary/Wages per Month: _____

Employer: Office of Attorney General: Child Support Division
Salary: \$2309.00
Position: Administrative Assistant
DOE: 12/06 until present

Position: _____
 Dates of Employment: _____

- b. If the answer is "no," state the date of last employment, amount of your salary or wages per month, and name and address of your former employer:

Employer: _____ NA _____
 Salary/Wages per Month: _____
 Position: _____
 Dates of Employment: _____

2. Are you married? NA ☐ Yes ☒ No

- a. If the answer is "yes," state the amount of your spouse's salary or wages per month, and give the name and address of his/her employer:

Employer: _____
 Salary/Wages per Month: _____
 Position: _____
 Dates of Employment: _____

- b. If the answer is "yes," is your spouse dependent on your financial support?
☐ Yes ☐ No

3. Do you have any children? NA ☐ Yes ☒ No

- a. If the answer is "yes," state all of your children's names and their ages below:

- b. If the answer is "yes," are the children dependent on your financial support?
☐ Yes ☒ No

4. List any other persons other than your spouse (if any) and your children (if any) who are dependent on your financial support (please state your relationship to them and how much you contribute toward their support):

 Father: Roosevelt Fields (Disabled Veteran) _____
 Age: 71 _____
 F. S.C: 10 - 20% financial support per month _____

5. Have you received within the past twelve months any money from any of the following sources?

a. Business, profession or other form of self employment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b. Rent payments, interest or dividends	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c. Pensions, annuities or life insurance payments	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Gifts or inheritances	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
e. Family and/or Friends	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
f. Any other sources	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

6. If the answer to any of the above is "yes," describe each source of money and state the amount received from each during the past twelve months.

Every month, I receive a Disability Retirement
check from OPM in the amount of \$1061.00
(estimate)

7. Do you own any cash, or do you have money in checking or savings accounts?
☒ Yes ☐ No

If the answer is "yes," state the total value of the items owned:

Checking Account Balance: \$360.00

Saving Account Balance: \$480.00

8. Do you own or have any interest in any real estate, stocks, bonds, notes, automobiles or other valuable property (excluding ordinary household furnishings and clothing)?
☒ Yes ☐ No

If the answer is "yes," describe the property, state its approximate value, whether you have any outstanding mortgages, liens or debts secured by that property and, if so, the unpaid balance of that debt.

Own: Automobile
Consolidated automobile debt with other
outstanding bills. Debt consolidation loan
total is \$45,000.

9. List all expenses and state the total amount of expenses, of any and all kinds, which you paid during the past six months. PLEASE BE SPECIFIC.

<u>Expense</u>	<u>Amount</u>
Loan	\$769.00
Taxes	\$200.00
Electric	\$165.00
Telephone	\$70.00
Car Insurance	\$86.00
Storage	\$111.00
Life Insurance	\$175.00 (3 policies)
Well's Fargo	\$145.00
Gold's Gym	\$ 16.22
Gas	\$75.00
Father	\$125.00
Food	\$ 90.00
A.E.	\$500.00

This is a monthly expense for the month.
Although it varies, the total = \$2352.22

10. List any SPECIFIC exceptional reasons or circumstances that you feel entitle you to proceed in forma pauperis and/or that entitle you to be represented by a court appointed attorney.

I cannot afford an attorney. I need assistance with defense on statutes in trying to sue the defendants. I filed complaints with the EEOC and the Union and called every source necessary. I was totally violated and wrongfully terminated with disability restrictions.

I declare (or certify, verify, or state) under penalty of perjury that the foregoing is true and correct.

Date

12/01/07
Korad
Signature of Plaintiff